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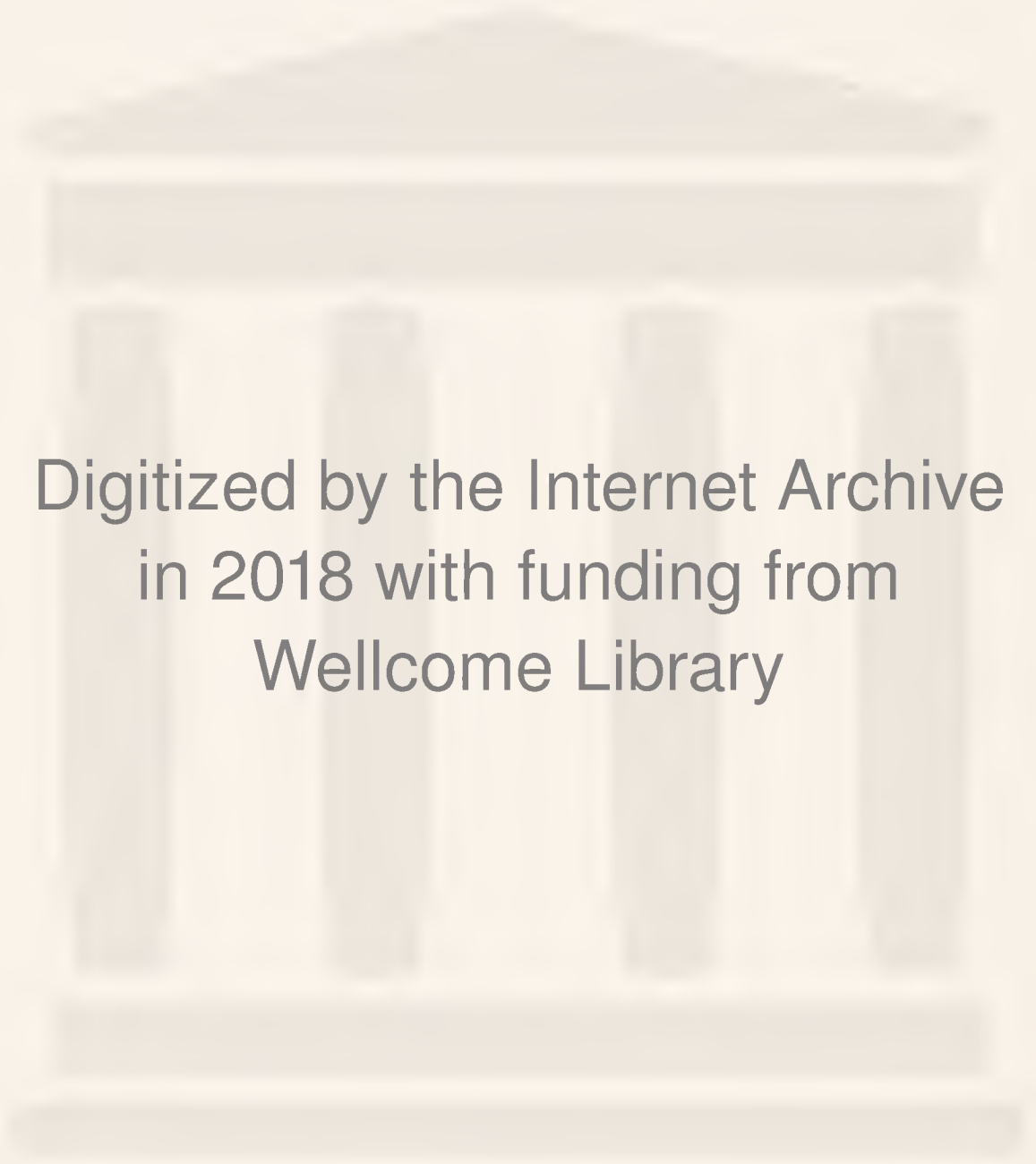
**COUNTY BOROUGH OF OLDHAM**



**ANNUAL REPORT**  
**OF THE**  
**Principal School Medical Officer**

**Basil Gilbert**  
M.R.C.S., L.R.C.P., D.P.H.

**1967**



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***OF THE***  
***Principal School Medical Officer***

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# *EDUCATION COMMITTEE*

*(from May, 1967)*

## *Council Members*

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 Alderman M. F. Bamford J.P. (Chairman)  
 Alderman A. Coop (Deputy Chairman)  
 Alderman Mrs. E. Rothwell, J. P.  
 Alderman J. M. Scott  
 Councillor A. J. Adler  
 Councillor A. F. Bennett  
 Councillor Mrs. E. M. M. Boon  
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 Councillor C. McCall  
 Councillor A. B. McConnell  
 Councillor R. Richmond, J.P.  
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Rev. D. C. Goodman  
 Rev. T. Hourigan  
 Rev. T. P. Strachan, M.A., B.D.  
 Mr. T. M. Jones  
 Mr. P. A. Lees  
 Mr. H. Bennett  
 Miss M. Royle  
 Miss P. O. Bennett  
 Mr. J. T. Hilton

## *Director*

Maurice Harrison, M.A., M.Ed., B.Sc. (to 1.10.67)  
 G. R. Pritchett, M.A. (from 1.10.67)



DEPARTMENT OF PUBLIC HEALTH,  
OLDHAM.

July, 1968.

To the Chairman and Members of the Education Committee,  
Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my annual report on the work of the School Health Service for the year 1967.

Dr. Stuart and Dr. Mehra both resigned from the service during the year and this necessitated the employment of more part-time medical staff. Several other staff changes have had important repercussions on the quantitative aspect of the service.

In September, Mr. Alan Sherliker, audiologist in the department, was appointed Head Teacher at the Beever Street Special School (for the partially hearing) which necessitated the curtailment of some of his sessions with us. It is unfortunate, from our point of view, that this should occur at the time we extended sweep testing to junior schools, following the successful pilot scheme. Mrs. Emmott and Miss Barry, who have attended the audiology course for health visitors, have however continued to test pre-school children and sweep test failures. It is still intended to expand the sweep testing of junior school children.

I am pleased to welcome Miss Lambert, who has joined Mrs. Carter in the speech therapy department and will, I am sure, enhance the work of this vital section.

Miss Stringer, who recently retired from the Manchester Royal Eye Hospital, kindly consented to undertake some orthoptic sessions at the Central Clinic, which has largely obviated the need to transport children to Manchester for treatment. More cases for refraction are also being seen at the clinic consequent to Dr. Furniss being able to provide an extra session.

A single suite dental unit has been provided at the Honeywell Lane clinic to replace Gainsborough Avenue, which has now been completely closed. This has proved to be most successful and will be retained as a reserve clinic when the new unit is opened at the Park Dean special school.

The volume of health education in schools has increased considerably and it is gratifying to note that this service is becoming widely requested by Head Teachers, especially in the comprehensive schools. A wide range of lectures, films and group discussions have been organised and we are gradually building up a comprehensive film library to support the programme. Fuller details are given in

the body of the report. There can be little doubt that health education is becoming one of the most potent factors in preventive medicine and the responsibility borne by the health educator in the well being of future generations is great indeed.

The work of the child guidance clinic continues to increase and the transfer of Miss Kelly from the Mental Health Service to the post of Social Worker in the child guidance clinic has ensured more continuity and the further strengthening of a close knit team.

The provision of more ancilliary help at the Higginshaw Special School has enabled some of the more seriously physically handicapped children to increase their attendance. Unfortunately we are still unable to provide physiotherapy at the school, but it is hoped that the excellent facilities which will be available at the new Park Dean school in 1969, will enable us to attract the services of a physiotherapist.

There was a fall in the incidence of infectious disease in school children compared with 1966, with the exception of a mild outbreak of whooping cough in the early part of the year. The number of cases of scabies has shown a decline from 178 cases in 1966 to 103 in the year under review, but this is still appreciably higher than in former years.

In October, Mr. Maurice Harrison retired as Director of Education and I feel it is fitting to record my appreciation of the excellent relationship we enjoyed. On behalf of the School Health Service and myself, I wish him a long, happy and healthy retirement.

The past year has been relatively uneventful, but one in which steady progress has been made in most directions. Once again it gives me great pleasure to acknowledge the valuable assistance given to the service by the teaching profession and the Director of Education and his staff and my thanks to my own staff for their work in this still important and rewarding field of preventive medicine.

The continued support and sympathetic understanding of your committee is much appreciated and helps to smooth what can, at times, be a difficult path.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

BASIL GILBERT,

Principal School Medical Officer.



## *SCHOOL HEALTH SERVICE*

### *Principal School Medical Officer*

Basil Gilbert, M.R.C.S., L.R.C.P., D.P.H.

### *Senior School Medical Officer*

J. Starkie, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

### *School Medical Officers*

Edna Circuit, M.B., Ch.B., D.P.H.

E. M. R. Stuart, M.B., B.Ch., B.A.O., D.P.H. (to 13.8.67)

J. H. Dransfield, M.A.(Oxon), L.M.S.S.A.

S. K. Mehra, M.B., B.S. (to 31.1.67)

Margaret Wood, M.B., Ch.B., D.C.H.

\*W. S. Furniss, M.B., Ch.B.

\*A. Reith, M.B., Ch.B.

### *Principal School Dental Officer*

J. Fenton, L.D.S.

### *Senior Dental Officer*

J. H. Woolley, L.D.S.

### *Dental Officers*

A. J. Bradbury, B.D.S. (from 3.1.67)

Mrs. G. Lawley, B.D.S. (from 7.8.67)

### *Orthodontic Specialist*

\* J. Lancashire, B.D.S., L.D.S., D.ORTH., R.C.S.

### *Consultants*

G. Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., F.F.A., D.A. *Anaesthetist*

J. N. Appleton, M.B., Ch.B., D.L.O., F.R.C.S. .... *Aural Surgeon*

F. Janus, B.Sc., M.D., M.R.C.S., L.R.C.P., .... *Ophthalmic Surgeon*

D. Hilson, M.A.(Cantab), M.B., B.Chir., F.R.C.P.(E),

M.R.C.P., M.R.C.S., D.C.H. .... *Paediatrician*

### *Ophthalmic Surgeon*

L. B. Hardman, L.R.C.P., L.R.C.S., D.O.M.S.

*Child Guidance Clinic**Consultant Psychiatrists*

Dr. Arthur Pool, M.B., Ch.B., M.R.C.P., D.P.M.

Dr. John Johnson, M.D., M.R.C.P.(E), D.P.M., (to 31.5.67)

*Educational Psychologist*

Mrs. J. Ward, B.A., (Hons.)

*Audiologist*

\* A. Sherliker, Dip Aud., Cert. T. of Deaf (Manchester)

*Speech Therapists*

Mrs. Audrey M. Carter, C.S.S.T., L.U.D. (Teachers), I.P.A. Dip.

Miss S. Lambert, L.C.S.T. (from 6.11.67)

*Orthoptist*

\* Miss E. Stringer (from 25.10.67)

*Superintendent School Nurse*

Miss C. Williamson, S.R.N., S.C.M., H.V. Cert.

*Deputy Superintendent School Nurse*

Mrs. M. McKenna, S.R.N., S.C.M., H.V.Cert.

*Senior School Nurse*

Mrs. H. Emmott, S.R.N., S.R.F.N., H.V.Cert.

*Health Visitor/School Nurses*

Miss C. A. Barry, S.R.N., S.C.M., H.V. Cert.

Mrs. J. A. Carling, S.R.N., S.C.M., H.V. Cert.

Mrs. B. Dodgson (née Byrom) S.R.N., S.C.M., H.V. Cert.

Mrs. S. E. Evans, S.R.N., S.C.M., H.V. Cert (to 16.7.67)

Mrs. A. M. Fairfoull, S.R.N., S.C.M., H.V. Cert., (from 1.10.67)

Mrs. M. Hartley, S.R.N., S.C.M., H.V. Cert (to 8.9.67)

Mrs. C. Hilton, S.R.N., H.V. Cert. (from 1.10.67)

Miss B. M. McKenna, S.R.N., S.C.M., H.V. Cert. (from 1.10.67)

Mrs. N. M. McWiggin, S.R.N., S.C.M., H.V. Cert.

Mrs. D. Mojola, S.R.N., S.C.M., H.V. Cert. (to 31.10.67)

Mrs. S. Seddon, S.R.N. H.V. Cert.

Mrs. J. Skimming, S.R.N., H.V. Cert.

\* Mrs. C. Smith, S.R.N., S.C.M., H.V. Cert.

Mrs. N. M. Walker, S.R.N., S.C.M., H.V. Cert.

*Tuberculosis Visitor*

Mrs. V. Saville, S.R.N.

*School Nurses*

\* Mrs. C. D'Arcy, S.R.N.

\* Mrs. H. Eglin, S.R.N., S.C.M., S.R.F.N.

\* Mrs. P. Kennedy, S.R.N., S.C.M., R.S.C.N., (to 24.9.67.)

\* Mrs. K. E. Lees, S.R.N.

\* Mrs. H. Manuel, S.R.F.N.

\* Mrs. V. L. McCann, S.R.N., (from 1.11.67)

*Clinic Nurses*

Mrs. E. Doolan, S.E.N.

Mrs. A. Clarke, S.E.N.

\* Denotes Part Time

## *SCHOOL CLINICS*

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### *Central Clinic, Cannon Street*

Minor Ailments	—Monday-Friday, 9 a.m. to 10-30 a.m.		
Ophthalmic Clinic	—Monday	9 a.m.	} (By appointment only)
		and 2 p.m.	
	Tuesday	9 a.m.	
	Wednesday	2 p.m.	
	Thursday	9 a.m.	
Orthoptic Clinic	—Wednesday By appointment		
Consultant Aural Clinic	—Friday, 2 p.m. —By appointment		
Speech Therapy Clinic	—By appointment		
Child Guidance Clinic	By appointment		
Audiology Clinic	—Monday	2 p.m.	} By appointment
	Wednesday	1-30 p.m.	
	Thursday	4 p.m.	

### *Dental Clinics*

Eagle Street	—Monday-Friday By appointment
Gower Street	—Monday-Friday (By appointment)
Honeywell Lane Child Welfare Centre	—Monday-Friday (By appointment)

### *Chiropody Clinics*

Honeywell Lane Child Welfare Centre	—Monday a.m. and Wednesday a.m.
Darker Child Welfare Clinic	—Tuesday a.m. and Thursday a.m.



# *ANNUAL REPORT*

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## *STAFF*

The medical staff was depleted during the year, the resignation of Dr. Mehra taking effect from 31st January and Dr. Stuart resigning in August to take up a position in Canada. Dr. Mehra is now in general practice in the town. Dr. Reith has continued to undertake sessions on routine medical inspection.

The school dental service, after a lean period in 1966, was augmented by the appointments of Mr. Bradbury in January and Mrs. Lawley in August as full-time dental officers. With the recruitment of further part time assistance it was possible to offer almost a full service by the end of the year.

Dr. J. Johnson, consultant psychiatrist, left the child guidance clinic team at the end of May.

The hope of appointing a full time orthoptist is negligible as was mentioned last year but Miss Stringer, who was head orthoptist at the Manchester Royal Eye Hospital, joined us in October for one day per week.

Miss S. Lambert was appointed full time speech therapist in November, joining Mrs. Carter.

Mr. Sherliker took up his appointment as headmaster of the Beaver Special School in September and had to curtail his audio-logical work, undertaking sessions after school hours.

## *Liaison*

The school medical officers are also assistant medical officers of health and undertake duties in the Department of Public Health. The Superintendent Health Visitor is also Superintendent School Nurse and this arrangement provides the closest co-operation between the School Health Service and the other nursing activities of the department. All health visitors are appointed as health visitor/school nurse and undertake duties in connection with school children.

## *SCHOOL HYGIENE, ACCOMMODATION AND ATTENDANCE*

I am indebted to Mr. G. R. Pritchett, Director of Education, for the following information:—

- (1) Building work on Kaskenmoor School was completed in the first half of 1967.
- (2) The first stage of Grange School (the replacement school for Hollins) was completed in the autumn and the final two phases are included in the building programmes for 1967/68.
- (3) The erection of the first instalment of new premises to replace Moorside C.E. School commenced in 1967 and should be completed by Easter, 1968.
- (4) Work on the building of Parish Church Junior School and St. Stephen's Infant School to replace the present schools commenced in 1967 and should be fully completed by September, 1968.
- (5) Work commenced in 1967 on the erection of Littlemoor Lane Junior and Infant School and should be completed by September, 1968.

### *School Accommodation*

Numbers on roll—The number of children on rolls in December 1967 was 18,229, an increase of 288 compared with the previous year; the distribution was as follows:—

	Senior	Junior	Infant	Nursery	Total
County Schools .....	5,380	4,066	3,306	199	12,951
Aided Schools .....	1,088	2,222	1,651	25	4,986
	—	—	—	—	—
Totals .....	6,468	6,288	4,957	224	17,937
	—	—	—	—	—

The number on roll at each secondary school was as follows:—

Breeze Hill .....	661	Kaskenmoor .....	825
Counthill .....	995	Blue Coat .....	767
Fitton Hill .....	520	St. Alban's .....	562
Grange .....	712	St. Anselm's .....	526
Hathershaw .....	880	Junior School of Art .....	20

*Special Schools:—*

	Senior and Junior
Beever School for the Partially Hearing .....	35
Higginshaw Special School for Physically Handicapped and Partially Sighted .....	43
Strinesdale Open Air School—Resident .....	28
— non Resident .....	68
Marland Fold Special School for E.S.N. ....	118

*MEDICAL INSPECTION AND TREATMENT**Periodic Medical Inspection*

All school entrants and leavers continued to be examined and children of junior school leaving age were examined on a selective basis, this being the second year when the selective scheme was in full operation.

The number of children inspected was as follows:—

The corresponding figures for 1966 are in brackets.

Entrants .....	1,259	(1,387)
11 year-olds .....	364	(410)
Leavers .....	1,347	(2,275)
	<hr/>	<hr/>
	2,970	(4,072)
	<hr/>	<hr/>

In the 11 year age group 1,047 children were considered not to require examination.

It will be seen that the above figures are fairly similar to last year's except for a large decrease in the number of leavers examined. This has happened because school leavers were examined in the summer and autumn of 1966 when the programme of inspection was changed and a concentrated effort was made to complete inspection of leavers before the end of November.

Additionally, 199 children in nursery schools and classes were examined.

### *Defects found at Medical Inspection*

Details of these are given in the statistical tables at the end of the report.

### *General Condition of Children Inspected*

No child was classified "unsatisfactory."

### *Special Inspection*

The Medical Officers made 394 special inspections and 112 re-inspections at the clinic or in schools.

### *Colour Vision*

All children are tested for colour vision at 11 years of age and school leavers are tested at the routine medical examination. Of the 1,347 leavers examined 36 boys and 4 girls were found to be colour blind.

### *Uncleanliness Examination*

Statistical details of school nurses' work in connection with head infestation are as follows with the 1966 figures in parentheses:—

Nurses' first inspections in schools	34,125	(36,084)
Nurses' re-inspections in schools	2,348	(2,439)
Number of school visits for first inspection .....	180	(287)
Number of school visits for re-inspection .....	122	(197)
Number of individual children found to be infested .....	1,036	(860)

The figure of 1,036 individual children found to be infested represents 5.68 per cent of the school population. (4.79 per cent in 1966).



## *SPECIAL CLINICS*

By arrangement with the Oldham and District Hospital Management Committee the following specialist provision is made.

Mr. J. Norman Appleton is retained as consultant E.N.T. surgeon and holds a clinic each week. He undertakes the examination and supervision of deaf and partially hearing children.

Dr. F. Janus is retained as consultant ophthalmic surgeon and holds a clinic when necessary for the examination of blind and partially sighted children.

Dr. D. Hilson is retained as consultant paediatrician and meets the Senior School Medical Officer, Dr. J. Starkie, to discuss cases. He submits reports on all the children he sees at the Oldham and District General Hospital.

The child guidance clinic, the ophthalmic, orthoptic and audiology clinics are provided by the Education Committee.

### *Ophthalmic Clinic*

During the year, 2,682 examinations were undertaken by Dr. L. B. Hardman and Dr. W. S. Furniss and spectacles were prescribed or changed in 1,778 cases.

Children with squints are referred for orthoptic investigation and treatment. Children who require other investigation or treatment are referred to the ophthalmic clinic at the Oldham Royal Infirmary.

### *Orthoptic Clinic*

The clinic is under the supervision of Dr. F. Janus, Consultant Ophthalmic Surgeon, and Dr. L. B. Hardman, Ophthalmic Surgeon. It remained closed for the greater part of the year and children attended the Manchester Royal Eye Hospital, transport being provided by the Education Committee.

In October Miss E. Stringer retired from the Manchester Royal Eye Hospital and has undertaken two sessions per week at the Central Clinic. Approximately 70 children have attended the hospital and the clinic during the year.

### *Ears, Nose and Throat Defects*

Mr. J. N. Appleton, Consultant Aural Surgeon, holds a weekly session at the Central Clinic. Children attend by appointment and any treatment prescribed is usually carried out at the school clinic.

During the year, 40 sessions were held and 104 new cases were examined. The total number of attendances was 329. In cases where in-patient treatment is necessary, copies of the case notes are forwarded to the hospital and the child's name is placed on the waiting list for admission.

Details of the children treated including those referred from the school clinic, are given in Part 3 of the Medical Inspection and Treatment returns at the back of the report.

### *Orthopaedic Defects*

The School Health Service does not provide an orthopaedic clinic and children requiring orthopaedic treatment are usually referred to the general practitioner. In special cases direct referral is made to Oldham Royal Infirmary.

### *Minor Ailments Clinic*

There are no special sessions for minor ailments now but a clinic nurse attends children who come to the Central Clinic daily with minor ailments and injuries. A total of 1,109 attendances were made. A medical officer is available at the clinic on some days for children requiring to see one.

### *Scabies*

Treatment is carried out by a school nurse at the Gower Street cleansing centre. Every effort is made to treat other members of the family who may be affected to avoid reinfestation. The number of cases in school children totalled 103.

### *Chiropody*

The Derker and Honeywell Lane Child Welfare Clinics continued to treat school children and 1,989 attendances were made.

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## *EMPLOYMENT OF SCHOOL LEAVERS*

Reports on the children examined prior to leaving school were sent to the Youth Employment Officer. In the cases of handicapped children discussions were held between the medical officers, teachers and Youth Employment Officers. Types of work for which any child was, in the opinion of the Medical Officer, physically unsuited are indicated.

The list of medical contra-indications issued by the Central Youth Employment Executive has been in use throughout the year. It was considered necessary to exclude 130 children from one or more of the following categories of work:—

1.—Heavy Manual work .....	9
2.—Sedentary work .....	—
3.—Indoor work .....	—
4.—Work involving prolonged standing, much walking or quick movement from place to place .....	3
5.—Exposure to bad weather .....	9
6.—Work involving wide changes in temperature .....	6
7.—Work in damp atmosphere .....	9
8.—Work in dusty atmosphere .....	9
9.—Work involving much stooping .....	—
10.—Work near moving machinery or moving vehicles	4
11.—Work at heights .....	5
12.—Work requiring normal acute vision .....	28
13.—Work requiring normal colour vision .....	31
14.—Work requiring the normal use of hands .....	—
15.—Work involving the handling or preparation of food	6
16.—Work requiring freedom from damp hands or skin defects .....	6
17.—Work requiring normal hearing .....	5

Children are also medically examined for suitability for employment outside school hours. The number examined during the year was 382 and the occupations were as follows:—

Newspaper delivery .....	311
Shop assistants .....	24
Delivery boys .....	7
General assistants .....	38
Nursery assistants .....	2

### *CO-OPERATION WITH PARENTS, TEACHERS, SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES*

The number of parents or relatives who attended the routine medical inspection in schools was as follows:—

		1966		1967
Entrants .....	1274	91.85%	1176	93.40%
11 year olds .....	312	76.10%	292	80.00%
Leavers .....	338	14.86%	261	19.40%



Special examinations are made when requested by parents, teachers and school welfare officers, many of them because of irregular school attendance. The help and advice of the general practitioner is often sought.

As in past years, teachers, the local inspector for the N.S.P.C.C., the Family Service Unit and others interested in the welfare of children, have continued to give appreciable help.

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## *SCHOOL DENTAL SERVICE*

I am indebted to Mr. James Fenton, Principal School Dental Officer, for the following report:—

During the year under review two full time dental officers were appointed, Mr. A. J. Bradbury, B.D.S., and Mrs. G. Lawley, B.D.S. In addition further part time assistance was obtained and consequently it was possible to staff the five dental surgeries at the School Dental Clinics for most of the year. If this staffing situation could be maintained it should be possible to arrange for the annual dental inspection of all the school children attending Oldham schools. Ideally each pupil should have a dental inspection at least twice a year.

### *Dental Inspections*

7629 (\*7262) pupils received a routine dental inspection either at school or at the school dental clinics. The number of pupils inspected at school has increased slightly but the number of pupils receiving a first inspection at the clinics has remained approximately the same. This is due to the number of parents who are interested in the dental condition of their children and bring them along to the clinics for examination. The number of pupils re-inspected at the clinics has decreased slightly.

Inspections revealed a high rate of dental caries. The fluoridation of the drinking water in Oldham has been approved and it is to be hoped that it will be commenced in the near future since this is the most effective method of reducing dental decay. In the meantime Dental Health Education with special emphasis on correct diet and oral hygiene should help to prevent a certain amount of dental decay.

### *Dental Treatment*

The total number of teeth extracted has risen slightly (approximately 7% ) and the total number of fillings carried out has decreased by approximately 3½%.



The total number of dentures supplied was 89 (\*56) and in addition 25 crowns were fitted.

The total number of root fillings has almost doubled. This type of treatment is often associated with accidents in which front teeth are involved.

During the year 365 (\*304) were x-rayed.

### *Orthodontic Treatment*

Arrangements for this specialised type of treatment have remained the same as the previous year. Mr. J. Lancashire, B.D.S., D.Orth., R.C.S. has continued in a part-time capacity as Orthodontic Specialist.

### *Emergency Treatment*

During the year 1035 (\*1021) pupils received emergency treatment. These are pupils who attend the school dental clinics without appointments and receive immediate treatment usually for the relief of pain. Unless routine dental inspections are carried out at reasonably short intervals the number of pupils attending for emergency treatment will increase. The shortage of dental surgeons in general practice in the Oldham area make it very difficult for pupils, particularly the young ones, to obtain dental treatment through the General Dental Practitioner Service of the National Health Service.

Evening sessions have been worked on a voluntary basis and provide an excellent means of treating the older pupils who find difficulty attending during school hours since it interferes with school lessons particularly when important examinations are being taken.

The staff of the School Dental Service have provided a dental service for expectant and nursing mothers and also for pre-school children.

### *General Anaesthetics*

2353 (\*2240) children received a general anaesthetic for the extraction of teeth. 75% of the pupils receiving a general anaesthetic were again in the five to nine age group. In addition pre-school children and expectant and nursing mothers also received treatment at these sessions. The services of Dr. G. Mason-Walshaw, Consultant Anaesthetist, are particularly valuable at these sessions when very young pupils or pupils with poor medical history attend. Dr. B. H. Lees and Dr. N. L. Gilburn also undertake regular weekly sessions as anaesthetists.

### *Hospital and Consultants' Facilities*

Children who require consultant advice and treatment are referred to Mr. W. C. Mellor, F.D.S., R.C.S. Consultant Oral Surgeon to the Oldham Hospital Group. Similarly the services of Mr. J. S. Johnson, F.D.S., R.C.S., D.Orth., MSc., Consultant Orthodontist are available.

The Principal School Dental Officer is also on the staff of the Oldham and District General Hospital and in cases where treatment under hospital conditions would be more beneficial these pupils are admitted under his care.

\*1966 figures.

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### *CHILD GUIDANCE SERVICE*

The Child Guidance Clinic is held at the Central Clinic, Cannon Street, Oldham.

#### *Staff*

*Consultant Psychiatrist:*

Dr. Arthur Pool

*Educational Psychologist:*

Mrs. J. Ward

*Social Worker:*

Miss A. Kelly

The following table shows the grouping of intelligence quotients of the 150 cases dealt with during the year:—

I.Q.	Boys	Girls	Total
70 and under .....	1	3	4
71- 85 .....	11	13	24
86- 95 .....	12	14	26
96-114 .....	41	22	63
115-129 .....	12	2	14
	—	—	—
	77	54	131
Awaiting test at 31st December, 1967 .....	8	3	11
Not tested .....	5	3	8
	—	—	—
	90	60	150

Cases referred .....	90
New cases .....	84
Old cases re-opened .....	6

*Sources of reference:*

Director of Education .....	38
School Medical Officers .....	26
General Practitioners .....	9
Speech Therapist .....	3
Children's Officer .....	4
Health Visitors .....	4
Audiologist .....	1
Mental Welfare Officers .....	2
Transferred from other C.G.C. ....	3

*Reasons for referral*

	Boys	Girls	Total
Behaviour problems .....	24	17	41
Stealing .....	14	11	25
Non-attendance at school .....	11	4	15
Incontinence, enuresis ...	10	2	12
Emotional disturbance ...	5	7	12
Sexual behaviour disorder .....	1	2	3
Academic failure .....	3	—	3
Immaturity .....	1	—	1
Prevention .....	—	1	1

Some cases are referred for more than one disorder.

*Recommendations*

(a) treatment at clinic .....	55
(b) visiting by social worker .....	2
(c) cases to be reviewed .....	7
(d) cases closed after treatment .....	8
(e) cases closed after investigation and follow-up .....	5
(f) cases closed (lack of co-operation or removed from area) .....	6
(g) referred to further agencies .....	6
(h) individual tuition .....	1
	—

90

*Enuresis Cases Treated with Pad and Buzzer Apparatus .....*

7

Dr. Pool .....	133 sessions
Diagnostic Cases .....	42
Psychotherapy Cases .....	170
Group Therapy Sessions .....	41



*Educational Psychologist*

## Psychological Tests:

Diagnostic .....	87
Re-tests .....	4
Group Therapy Sessions .....	51
Individual Therapy .....	287
Individual Tuition .....	4
Counselling .....	13
Interviews .....	97
Visits to Schools .....	13
Visits to Homes .....	14
Other visits .....	4

*Social Worker*

Social Histories .....	54
Home Visits .....	275
Ineffective Visits .....	55
Play Therapy Sessions .....	13
Individual Therapy Sessions .....	17
Escort Duty .....	105
Office Interviews .....	37
School Visits .....	52
Clinic Sessions .....	65

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## *THE AUDIOLOGICAL SERVICE*

There has again been an increase in the number of children seen. The pilot scheme of sweep testing in junior schools, mentioned in last year's report, was undertaken in four schools. It was decided to test children in their third year in school and 185 children were tested of whom 23 failed (12.4%). The scheme will be extended next year.

Close co-operation with the speech therapy department has continued and joint diagnostic clinics have been held for both school and pre-school children.

The routine testing by pure tone audiometry continued throughout the year in the authority's thirty-five infant schools and departments and one thousand six hundred and sixty four children (aged 5 years) were examined by "the pure tone sweep test." Three hundred and eighty two children were referred for re-examination at the audiology clinic (Central Clinic), where they were re-tested to ascertain their thresholds of acuity for pure tones by both air and bone conduction. Many of these children were also given speech discrimination tests.



The following is a summary of the 382 cases referred for re-examination.

Found on re-test to have normal hearing and speech discrimination .....	71
Did not attend for re-test .....	62
Children who removed from district between initial test and re-test .....	8
Children screened at the end of 1967 and still awaiting re-test .....	78
For re-test next school sweep or review during 1968 ...	37
Under observation by the School Medical Officers .....	22
Given treatment by School Medical Officers and on re-test found to have normal hearing .....	34
Already under Otologist's supervision at hospital aural clinics .....	18
Referred to consultant otologist .....	52

A summary is given below of the diagnosis made by the otologist in respect of 52 children referred to him.

1—Children with bilateral or unilateral middle ear deafness, for review following tonsil and adenoid operation .....	23
2—Children with unilateral perceptive type deafness ...	4
3—Children with bilateral perceptive type deafness referred to audiological clinic for supervision .....	3
4—For review after post nasal sinuses examination, washouts and prick incisions .....	22

### *Miscellaneous Investigations*

In addition to the school children referred following the sweep test in school, a total of 297 other children were referred and were given tests to assess their auditory acuity for air and bone conduction and tests for speech discrimination using standardised test material either in recorded or free field form. These children were referred from the following sources:—

1—By review .....	45
2—By Otologist .....	81
3—By School Medical Officers .....	96
4—By Head Teachers .....	25
5—By Speech Therapist .....	23
6—By Educational Psychologist .....	6
7—By General Practitioners .....	3
8—By others .....	18
	—
	297
	—

Excluding the 81 children already under the care of the consultant otologist the following is a summary of the 216 cases referred:—

Found to have normal responses to pure tone and speech .....	58
Did not attend for assessment .....	24
Referred to speech therapist for guidance .....	18
Referred to educational psychologist .....	7
Under observation by the school medical officers at Central Clinic .....	39
Given treatment by the school medical officers and discharged .....	25
Referred to the consultant otologist .....	45
	—
	216
	—

The diagnosis made by the otologist in respect of the 45 children referred to him is shown below:—

Moderate catarrhal deafness for review after operative treatment .....	28
Slight catarrhal deafness to be kept under observation .....	9
Moderate degree of unilateral perceptive type deafness .....	3
Slight degree of deafness mainly 'high frequency' perceptive type, to have front position in classroom ...	3
Moderate degree of deafness, mainly perceptive type for issue of hearing aid and guidance .....	2

### *PRE-SCHOOL ASSESSMENTS*

Throughout the year the regular screening of infants and pre-school children has been carried out by the health visitors at the child welfare centres and 36 sessions were held. Twenty seven children were referred for more detailed assessment at the audiology clinic.

Dr. Margaret Wood and Mr. A. Sherliker, assisted by Mrs. H. Emmott and Miss C. A. Barry, held 36 pre-school assessment clinics during the year. (Mrs. A. Carter, speech therapist and Mrs. J. Ward, educational psychologist, also attended several of the sessions). One hundred and eighty one appointments were made of which one hundred and fifty nine were kept. Ninety four children were seen, several on more than one occasion and thirty eight children were reviewed from previous assessments in 1966.

The sources of referral were as follows:—

Health Visitors .....	58
Medical Officers .....	27
Local Medical Practitioners .....	4
Headteachers of nursery schools .....	2
Speech Therapist .....	3
	—
	94
	—

The reasons for referral were as follows:—

*Health Visitors*

Failed routine screening test at C.W.C. ....	15
Failed routine screening test at C.W.C., poor speech development noted .....	6
Children born 'at risk' .....	3
Children suspected of deafness .....	2
Poor Speech Development .....	32

*Medical Officers and others*

Children on handicapped register with speech problems	18
Children with no speech development .....	7
Children with poor speech development .....	10
Children suspected of deafness .....	1

An analysis was made of the ages of the children referred and the results were as follows:—

Less than 12 months .....	3
12-18 months .....	12
18-24 months .....	14
24-30 months .....	16
30-36 months .....	17
36-42 months .....	19
42-48 months .....	10
48-60 months .....	3

Of children referred 32 were already known to the Public Health/School Health Departments as handicapped children.

The results of the investigations were as follows:

Reviewed in collaboration with the speech therapist to re-assess their speech and language development (Children first seen in 1966) .....	38
--	----



Children who were found to have no auditory problem	26
Children who were found to have no auditory problem but will be reviewed in collaboration with the speech therapist to assess their speech and language development .....	12
Children given treatment by school medical officers and to be reviewed again in 1968 .....	5
Children referred to speech therapist .....	8
Children referred to own G.P.'s .....	2
Children who had some auditory problem and who were referred to the Otologist for his opinion .....	3
	—
	94
	—

Of the 3 children referred to the otologist, one was found to have a degree of perceptive deafness, a hearing aid was issued and arrangements were made for the child to have pre-school auditory guidance at the audiology clinic.

#### *SUMMARY:—*

Number of children screened during the 1st year at school .....	1,664
Number of children screened during the 3rd year of Junior school .....	185
Number of children for re-test .....	405
Number of children for full investigations referred by otologist, medical officers, health visitors, head teachers, etc. ....	297
Number of children who have had treatment or who are under observation by school medical officers ...	125
Number of pre-school children seen in audiology clinics for first assessment in 1967 .....	94
Number of children referred to otologist .....	100



## INFECTIOUS DISEASES

The following table shows the number of cases and deaths in children of school age from certain infectious diseases.

DISEASE	1967		1966	
	Cases	Deaths	Cases	Deaths
Typhoid Fever .....	—	—	—	—
Meningococcal In- fections .....	—	—	—	—
Dysentery .....	33	—	57	—
Diphtheria .....	—	—	—	—
Measles .....	138	—	563	—
Scarlet Fever .....	12	—	68	—
Whooping Cough ...	17	—	8	—
Polyomyelitis .....	—	—	—	—
Tuberculosis:—				
(a) Pulmonary .....	3	—	7	—
(b) Other forms ...	—	—	—	—

### *Pulmonary Tuberculosis*

During the year 3 school children were notified and accepted.

#### **Case 1/67**

A girl aged 5 years was referred to the Chest Clinic by the general practitioner and diagnosed as a case of primary tuberculosis infection. She was admitted to the children's ward at the Oldham and District General Hospital and then went away for a period of convalescence.

#### **Case 2/67**

A boy aged 9 years was diagnosed as a case of primary tuberculosis and was admitted to the children's ward at the Oldham and District General Hospital. He was a contact of a family lodger. He was subsequently admitted to a resident place at the Strinesdale Open Air School.

#### **Case 3/67**

A girl aged 5 years contracted primary tuberculosis from other members of the family. She was admitted to the Oldham and District General Hospital and thence to St. Anne's for convalescence. She was subsequently admitted to the Strinesdale Open Air School as a resident pupil.

*Tuberculosis—Special Investigations*

During the year there were no special investigations undertaken.

Once again there were no cases of diphtheria, smallpox, poliomyelitis or meningococcal infections during the year.

TABLE OF CASES OF CERTAIN NOTIFIABLE DISEASES OCCURRING IN SCHOOL CHILDREN  
(Age 5-15 Years)—1936—1967

Year	Meningo- coccal Infec- tions	Dysentery		Diphtheria		Measles	Scarlet Fever		Whooping Cough		Polio- myelitis	Tuberculosis		
		Cases	Cases	Cases	Deaths	Cases	Cases	Cases	Cases	Cases	Cases	Pulmonary	Other Forms	All Forms
1936	4	-	-	215	17	1420	128	292	-	1	15	1	15	5 (-)
1937	1	-	-	218	14	472	158	261	-	4	17	4	17	3 (-)
1938	1	1	-	169	4	922	176	328	-	7	25	7	25	5 (2)
1939	-	-	-	32	2	60	235	50	-	2	17	2	17	6 (2)
1940	-	5	-	47	3	990	99	160	1	1	25	1	25	7 (-)
1941	6	-	-	27	1	224	122	87	1	4	9	4	9	-
1942	4	-	-	58	-	1075	249	54	1	1	17	1	17	1 (-)
1943	2	-	-	91	1	107	196	137	-	1	17	1	17	2 (-)
1944	1	-	-	48	3	470	342	40	-	-	12	-	12	4 (-)
1945	2	1	-	31	-	131	217	45	-	4	15	-	15	4 (2)
1946	-	4	-	30	2	686	88	71	1	2	5	-	5	-
1947	-	-	-	39	1	154	61	36	6	2	10	-	10	3 (-)
1948	1	47	-	10	1	517	125	82	-	8	14	-	14	2 (-)
1949	-	52	-	1	-	377	273	62	-	2	4	-	4	-
1950	-	94	-	1	-	420	165	117	3	1	7	-	7	1 (-)
1951	-	129	-	-	-	526	106	72	1	5	5	-	5	2 (1)
1952	1	155	-	-	-	819	179	45	3	7	5	-	5	1 (1)
1953	29	29	-	-	-	256	148	57	3	7	5	-	5	-
1954	174	174	-	-	-	427	106	81	-	4	7	-	7	-
1955	699	699	-	-	-	588	177	2	3	11	9	-	9	-
1956	78	78	-	-	-	60	106	7	6	5	4	-	4	-
1957	37	37	-	-	-	1320	48	41	1	3	1	-	1	-
1958	638	638	-	-	-	442	100	32	1	6	4	-	4	-
1959	62	62	-	-	-	429	111	36	-	4	2	-	2	1 (-)
1960	315	315	-	-	-	836	57	20	-	4	-	-	-	-
1961	44	44	-	-	-	184	86	16	-	2	-	-	-	-
1962	41	41	-	-	-	235	39	2	-	-	-	-	-	-
1963	34	34	-	-	-	532	58	12	-	4	1	-	1	-
1964	191	191	-	-	-	494	32	37	-	4	-	-	-	-
1965	40	40	-	-	-	324	117	11	-	1	1	-	1	-
1966	57	57	-	-	-	563	68	8	-	7	-	-	-	-
1967	33	33	-	-	-	138	12	17	-	3	-	-	-	-

Deaths—Tuberculosis. The figures shown in brackets relate to deaths from Pulmonary Tuberculosis.

## School Exclusion

The following rules for the exclusion from school of cases and contacts of infectious diseases are approved by the Ancillary Services Sub-Committee.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Scarlet Fever ...	To be excluded until patient pronounced fit by a medical practitioner.	Children — no exclusion. Persons engaged in the preparation or service of school meals and certain categories of nursing personnel to be excluded until Medical Officer of Health certifies that they may resume work.
Diphtheria .....	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Measles .....	10 days from the appearance of the rash if child appears well.	Children attending nursery schools and classes should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes to be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.
German Measles	7 days from the appearance of the rash.	No exclusion.
Whooping Cough ...	28 days from the beginning of the characteristic cough.	Children attending infant and nursery schools and nursery classes to be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded. Where there is proof of contacts having been immunised against whooping cough, exclusion is not necessary. To be excluded until proof of immunisation has been checked.



Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Mumps .....	7 days from the subsidence of all swelling.	No exclusion.
Chicken Pox ...	14 days from the date of appearance of the rash.	No exclusion.
Poliomyelitis ...	6 weeks. Will usually require much longer period for recovery.	21 days.
Encephalitis ....	6 weeks.	21 days.
Meningococcal Infection ...	6 weeks.	21 days.
Food Poisoning } Smallpox ..... } Typhoid Fever )	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Dysentery .....	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	Normally no exclusion. If any symptoms suspicious of dysentery — exclude until authorised to re-admit.

## IMMUNISATION AND VACCINATION

### *Diphtheria Immunisation*

The majority of children are immunised prior to school entry and it cannot be emphasised too strongly that children should receive this protection in infancy. To maintain immunity against diphtheria during the period of their school life, it is essential that children immunised in infancy should receive two reinforcing injections—the first during their sixth year (on entering school) and the second during their eleventh year.

Prior to the school entrance medical examination the immunisation and vaccination state of each child is checked. Parents are asked to consent to reinforcing immunisation or, when no primary immunisation has taken place, a course of primary immunisation. On receipt of parents' consent arrangements are made to visit schools to give this protection. A similar procedure takes place prior to the medical examination of children aged eleven years.

Triple Antigen (protection against diphtheria, whooping cough and tetanus), first issued in 1957, is still used for primary immunisation for children aged under five years. Children commencing primary immunisation aged over five years receive Diphtheria Tetanus Prophylactic.

The material used for reinforcing injections in the sixth and eleventh year is Diphtheria Tetanus Prophylactic.

The following table gives the number of children aged 5-14 years inclusive who received primary immunisation after entering school:—

### *Primary Immunisation:—*

Year of Birth	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	Total
No. Imm.	127	117	13	9	8	7	102	88	19	2	492

*Reinforcing Injection (1st and 2nd)—2,257*

### *Vaccination Against Smallpox*

During the year 19 children of school age received primary vaccination and 47 children were re-vaccinated.

### *Poliomyelitis Vaccination*

Vaccination against poliomyelitis is available to all school children.

Oral Poliomyelitis vaccine is used exclusively by the department. The full course consists of three doses given at intervals of 4 to 8 weeks.

Children entering school are offered a reinforcing dose.

The following tables give the number of children aged 5-14 years (inclusive) who received:—

(a) *Fourth Doses—Oral—930.*

Year of Birth	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	Total
No. Vacc.	375	336	23	8	3	4	128	50	1	2	930

(b) *Full Course of Oral Vaccine (3 doses)—398.*

Year of Birth	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	Total
No. Vacc.	106	102	12	10	8	6	78	61	12	3	398

### *Tetanus Immunisation*

In March, 1964 a procedure was adopted whereby patients attending the Casualty Department of the Oldham Royal Infirmary following an accident received active immunisation against tetanus.

The following table gives the number of children aged 5-14 years inclusive who completed primary immunisation against tetanus.

Year of Birth	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	Total
No. Imm.	7	10	14	18	29	30	24	23	33	35	223



### *B.C.G. Vaccination*

Under the Health Committee's proposals for the Prevention of Illness, Care and After-Care, the following arrangements are in operation:—

**Vaccination of Contacts**—In accordance with Ministry of Health Circular 72/49, arrangements are made for selected contacts of known tuberculosis cases to receive this form of vaccination. The arrangements are under the control and supervision of Dr. H. S. Bagshaw, Chest Physician. During the year 35 schoolchildren (21 males, 14 females) who were found to be Mantoux negative received B.C.G. vaccination.

**Vaccination of Schoolchildren**—In accordance with Ministry of Health Circular 22/53, the vaccination of older schoolchildren has been continued. All children in their second year at a Secondary School (i.e. 12/13 year old group) were offered B.C.G. vaccination. The arrangements are under the control of the Medical Officer of Health, and medical officers on his staff undertake these duties.

In the case of children who are strong positive reactors, parents are advised that an X-ray of the chest is necessary. This examination is carried out at the Chest Clinic, Oldham and District General Hospital, and the films are reported upon by Dr. H. S. Bagshaw, who also undertakes any necessary supervision. No case of active tuberculosis was detected in the 5 cases referred for X-ray examination.

The following figures relate to work undertaken during the year and include figures relating to two direct grant schools in the Borough.

Number of children offered B.C.G. ....	1,380
Number of acceptances .....	1,109
Percentage accepting .....	80%
Number excluded on medical grounds .....	4
Number completing skin testing .....	1,014
Number positive .....	184
Number negative .....	802
Number receiving vaccination .....	790
Number of children requiring X-ray .....	5
Number of children X-rayed .....	5

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### *DEATHS IN SCHOOL CHILDREN*

During the year the following deaths occurred of Oldham children of school age.



1. **A boy aged 7 years.**

This boy died from congestive cardiac failure due to mitral stenosis precipitated by exercise. A post mortem was performed and there was no inquest.

2. **A boy aged 7 years.**

He was drowned in a mill lodge together with another boy aged 7 years. A post mortem was performed and the inquest verdict was misadventure.

3. **A boy aged 7 years.**

See above.

4. **A girl aged 7 years.**

She died from (a) congestive heart failure (b) congenital single ventricle. She had a severe heart defect and had been under continuous hospital supervision since infancy and also had operative treatment. She attended the day special school for physically handicapped children.

5. **A boy Aged 7 years.**

This boy was hit by a motor cycle, suffering a fractured skull and cerebral haemorrhage. A post mortem was performed and the inquest verdict was accidental death.

6. **A girl aged 10 years.**

This girl attended the Strinesdale Open Air School. She died from left ventricular failure caused by status asthmaticus.

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## *NURSERY SCHOOLS AND CLASSES*

The three nursery schools—Limeside, Derker and Roundthorn—provided 40 places each for children aged 2-5 years. The three nursery classes—St. Anne's, Richmond and Watersheddings—provided 30 places each for children aged 3-5 years.

The facilities of the School Health Service are available to the children attending these schools and classes. During the year 18 routine visits were made by medical officers.

## *HEALTH EDUCATION*

There has been an increasing demand for health education in schools and this has been met by the health visitors/school nurses.

Talks are given at the request of the headteachers, usually in the comprehensive schools. Usually six to eight lectures are given and, whenever possible demonstrations and visual aids are used. As the result of this a small film library has been commenced. Discussions following the talks have been encouraged and to facilitate these, small groups of fifteen to twenty pupils have been arranged.

These lectures have been given to pupils of both sexes, on such subjects as personal hygiene, adolescence, parentcraft, venereal diseases, drug and smoking addiction, and at one school the project under discussion was "The Life Cycle of Man" which widened the scope considerably.

In addition weekly lectures have been given at the two housecraft centres in the borough, to girls attending for two or three weeks during their last term at school; mothercraft talks were given and these included practical demonstration on baby bathing and the preparation of infants' feeds.

Great stress is laid on the importance of educating the young in every aspect of healthy living, that in doing so they may be enabled to live a full, happy life and become good parents and citizens.

### *HANDICAPPED PUPILS*

Probably the most important function of the School Health Service is to ascertain at an early age children who will be unable to attend ordinary school and to make recommendations for their special education. It is the duty of the local education authority to provide special education suited to their needs.

It is usually possible to ascertain children who are physically handicapped, those with visual defects and children with severe mental retardation at an early age. Children with a lesser degree of mental handicap, maladjusted children and some children with hearing problems may not be ascertained until after school entrance.

#### *Children Unsuitable for Education at School*

Some children will obviously never go to school owing to severe mental retardation and their ascertainment is therefore a formality. Others may have a trial period at an ordinary school and subsequently in a special class or special school before transfer to the junior training centre. A number of children attend the junior training centre with their parents' agreement and formal action need not be taken for a period.

During the year 8 children were found to be unsuitable for education at school.

### *Blind Pupils:—*

*“Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.”*

Pupils found to be blind are admitted to special residential schools. One girl aged 4 years was ascertained and awaits placement. Three other girls attended the Liverpool School for the Blind, Condoval Hall School for the Blind and the Overley Hall Sunshine Home Nursery School.

A girl aged 4 years, who is thought to be suffering from severe mental retardation in addition to her blindness is attending the junior training centre. Her case is still under review.

### *Partially Sighted Pupils:—*

*“Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.”*

One girl was ascertained and admitted to the Higginshaw Special School.

#### *Higginshaw Special School*

	Boys	Girls	Total
Number on register, 1st January ... (7 extra district)	3	5	8
Number admitted during the year ...	2	2	4
Number discharged during the year	—	1	1
Number on register, 31st December ... (9 extra district)	5	6	11

The girl who left school returned to an ordinary school.

Two boys and a girl attended a special class for senior pupils in Manchester.

### *Deaf Pupils:—*

*“Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.”*

Five children were maintained in schools outside Oldham and four were still attending at the end of the year.



*Partially Hearing Pupils:—*

*“Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.”*

*Beever Special School*

	Boys	Girls	Total
Number on register, 1st January ... (10 extra district)	22	11	33
Number admitted during the year ... (2 extra district)	2	1	3
Number discharged during the year ...	—	1	1
Number on register, 31st December (12 extra district)	24	11	35

One girl attended the School for the Partially Hearing, Southport.

Mr. J. N. Appleton, Consultant Aural Surgeon, sees children on admission to the Beever Special School and, when necessary, any special treatment that may be required is arranged at the Central Clinic or the Oldham and District General Hospital.

*Pupils Suspected of Deafness*

Children are referred mainly following routine screening for hearing at child welfare centres and in their first year at school. A few referrals come from other sources such as routine medical inspection and referrals by teachers.

Those who fail the screening test are tested by the Committee's Audiologist.

Cases of special difficulty are referred to Professor I. G. Taylor at the Department of Audiology and Education of the Deaf, Manchester University.

*Educationally Sub-normal Pupils:—*

*“Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialisel form of education wholly or partly in substitution for the education normally given in ordinary schools.”*



## MARLAND FOLD SPECIAL SCHOOL

	Boys	Girls	Total
Number on register, 1st January ... (12 extra district)	63	44	107
Number admitted during year .....	16	18	34
Number discharged during year ...	9	16	25
Number on register, 31st December (11 West Riding C.C.)	70	46	116

Children discharged during the year:—

(a) At 16 years .....	5	7	12
(b) At 15 years .....	1	2	3
(c) Transferred to Hospital .....	—	1	1
(d) Transferred to Training Centre ...	1	—	1
(e) Left the district .....	2	5	7
(f) Excluded .....	—	1	1

Three boys attended residential schools and were in attendance at the end of the year.

Ten boys and 14 girls were ascertained to be in need of special educational treatment. Seven children were awaiting places at the end of the year, one of whom was accepted for the waiting list of a residential school. Eight children were formally ascertained as unsuitable for education at school.

*Epileptic Pupils:—*

*“Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.”*

Two boys were ascertained, one was admitted to the Soss Moss Residential School and one to the Colthurst House Special School. Altogether four boys and one girl were attending residential schools at the end of the year.

*Maladjusted Pupils:—*

*“Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.”*

One girl was ascertained. Ten children attended the special class at the Scottfield Infant School and three were attending at the end of the year.

One boy and one girl were newly admitted to residential schools, two boys and two girls were maintained altogether.

*Physically Handicapped Pupils:—*

*“ Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary school.”*

*HIGGINSHAW SPECIAL SCHOOL*

	Boys	Girls	Total
Number on register, 1st January ... (9 extra district)	17	17	34
Number admitted during the year ...	3	5	8
Number discharged during the year ...	3	7	10
Number on register, 31st December ... (12 extra district)	17	15	32

The children admitted suffered from the following disabilities:—

Congenital Heart .....	4
Spina Bifida .....	1
Fragilitas Ossium .....	1
Right Hemiparesis .....	1
Ataxic tetraplegia .....	1

Children were discharged as follows:—

Two boys and one girl left aged 16 years.

One boy and three girls were transferred to ordinary school.

Two girls were transferred to the school for educationally sub-normal children.

One girl died.

*RESIDENTIAL SPECIAL SCHOOLS*

The following children were maintained at residential schools during the year:—

*Bethesda Special School, Cheadle, Cheshire*

- (a) A girl aged 15 years suffering from multiple congenital deformities of the legs—Admitted September, 1959.—(VL).
- (b) A boy aged 14 years suffering from cerebral palsy—Admitted 1964.—(AD).
- (c) A boy aged 11 years suffering from spina bifida with paraplegia—Admitted September, 1961.—(DW).
- (d) A boy aged 14 years suffering from cerebral palsy (right hemiplegia)—Admitted September, 1961.—(MW).

- (e) A girl aged 10 years suffering from paralysis following poliomyelitis—Admitted September, 1962.—(TG).
- (f) A girl aged 8 years suffering from spina bifida—Admitted September, 1966.—(CH).
- (g) A boy aged 14 years suffering from spina bifida with paraplegia—Admitted September, 1963.—(MJD).
- (h) A girl aged 12 years suffering from spina bifida.—(PJ).

*Talbot House School, Glossop*

- (a) A girl aged 14 years suffering from cerebral palsy (spastic quadriplegia)—Admitted October, 1960.—(GB).
- (b) A girl aged 11 years suffering from simple spastic diplegia—Admitted August, 1962.—(IB).
- (c) A girl aged 7 years suffering from cerebral palsy (spastic diplegia)—Admitted January, 1964.—(SH).
- (d) A boy aged 5 years suffering from cerebral palsy (spastic quadriplegia)—Admitted August, 1967.—(JM).

*Delicate Pupils:—*

*“ Pupils not falling under any other category, who by reason of impaired physical condition need a change of environment and cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.”*

During the year 18 boys and 10 girls were ascertained.

The Strinesdale Open Air School provides accommodation for 30 resident and 90 non-resident delicate pupils.

Admissions during the year were as follows (excluding other authorities' children):—

	Boys	Girls	Total
Recurrent Bronchitis/Asthma .....	6	6	12
Recurrent respiratory infections .....	4	4	8
Debility or social debility .....	6	1	7
Primary tuberculosis .....	—	1	1
School phobia .....	1	—	1
	—	—	—
	17	12	29
	—	—	—

Ten boys and 11 girls were discharged.



## HOSPITAL TEACHING

The Oldham Royal Infirmary and the Oldham and District General Hospital each have a full-time teacher appointed for the children admitted for in-patient treatment.

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### *Pupils Suffering from Speech Defects:—*

*“Pupils who on account of defect or lack of speech not due to deafness require special educational treatment.”*

Speech therapy continued to be available at the Central Clinic, Cannon Street. Sessions continued to be held at Marland Fold Special School, Strinesdale, Open Air School, Higginshaw Special School, Limeside and Limehurst Schools. The Spastics Society's Day Centre, Heathbank, Windsor Road, was also visited regularly, and Scottfield Special Unit occasionally. Again the trend previously noted, showing an increase in the number of children treated with a multiplicity of handicaps, continued. Progress with these children is slow and benefits from close co-operation between all departments concerned.

The work of this department has continued to benefit from the co-operation between ourselves and the audiology clinic.

The following figures relate to the work of the department:—

Number receiving treatment on January 1st, 1967:—

With speech defect .....	73
With stammer .....	17
Pre-school .....	6
	—
	96
	—

New cases admitted during year:—

With speech defect .....	60
With stammer .....	8
Pre-school .....	1
	—
	69
	—

Cases dealt with during 1967 ..... 165



Number discharged during the year:—

With speech defect .....	48
With stammer .....	6

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54

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The 54 children mentioned above were discharged for the following reasons:—

With satisfactory speech .....	33
Left the district .....	7
Transferred to other treatment .....	2
Withdrawn—unsuitable for treatment	1
Withdrawn—no co-operation .....	11

Number receiving treatment December 31st .....	111
Number on waiting list .....	Nil

Withdrawn from waiting list during year:—

Treatment not needed .....	6
Withdrawn, no co-operation .....	4

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10

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Number of parents interviewed .....	110
Number of parents' appointments not kept— no excuse given .....	33
Number of schools visited concerning special cases .....	7
Home visits .....	1

We wish to express our thanks for the continued co-operation of headteachers and school welfare officers during the year.

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### CASTLESHAW RESIDENTIAL CENTRE

This centre is situated at Delph and parties of children are accommodated for a week during the period April to October. A warden and his wife are in residence throughout the year and they are responsible for the maintenance of the building and its contents.

Each party consists of 28 children with two teachers. The parties assemble at their ordinary schools at 9 a.m. on a Monday and return the following Friday afternoon, leaving Castleshaw Centre about 1-30 p.m. In some cases the duration of the stay

is extended to include the week-end. The children are conveyed to and from the camp by special 'bus and are medically examined before going.

The curriculum allows the children to take full advantage of the surrounding countryside, including camping, canoeing and horse riding, and they are taken on visits to places of local interest. In the evenings special recreational activities are arranged by the teachers in charge of the parties.

The cost to the parents is £1 5s. per week, per child, but no child is debarred from attending because of the parents' inability to pay. An extra charge is made for the week-end.

The camp is also used throughout the year by various youth organisations who arrange for parties to attend at week-ends.

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### *ATTENDANCE CENTRE—MEDICAL EXAMINATIONS*

The Chief Constable at the request of the Home Secretary, has undertaken responsibility for an attendance centre as provided in the Criminal Justice Act, 1948. The centre is held on Saturday afternoons at Waterloo School and the children and young persons are sent from the Juvenile Courts in the area.

The instruction includes physical training and drill, and in cases where there is evidence before the court of medical or physical defect, the boy concerned is medically examined. This also applies where a parent requests a medical examination because of some previous medical history.

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### *MEDICAL EXAMINATIONS OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING*

Teachers entering the service of the authority from other authorities are examined by medical officers of the department as to their fitness for employment. During the year 70 teachers were examined.

Entrants to the teaching profession completing an approved course of training continue to be examined by the college medical officer but in other cases the medical examination is arranged by the Principal School Medical Officer of the appointing authority. These examinations require the completion and forwarding of form 28 RQ together with a medical report and x-ray report to the Department of Education and Science. Thirty nine medical reports (16 males and 23 females) were completed.

### *Candidates for Training Colleges*

During the year 119 candidates (37 males, 82 females) were examined and all were passed fit for admission. Medical reports were completed and forwarded with form 4 RTC to the appropriate college authority.

### *Ministry of Health Circular 248/52*

- (i) All teachers are X-rayed on appointment but this is waived in the case of new entrants who have recently undergone an X-ray examination on completion of their course of training and received a satisfactory report.
- (ii) All teachers are urged to take advantage of the facilities provided by the Mass Miniature Radiography Service for periodic examination.
- (iii) All staff employed in the School Health Service are X-rayed on appointment and at subsequent intervals.

### *Examination of School Meals Staff*

The scheme for the examination and chest X-ray, on appointment of all new entrants to the School Meals Service was continued.

During the year 140 new entrants were examined. In a few cases commencement of employment was deferred but finally it was necessary to debar only one applicant from employment.

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## *PROVISION OF MEALS*

I am indebted to Mrs. F. Thompson, Organiser of School Meals, for the following report:—

The nursery kitchen in St. Anne's R.C. Nursery and Infant School has been closed along with the school. The pupils have been transferred to the former Clarksfield County Infant School premises and the existing school meals scullery has been converted into a temporary nursery cooking kitchen.

A fire on the school premises destroyed the nursery section and kitchen at Richmond County Infants School. The nursery section is now in the former Domestic Science building which is adjacent to the infant school. Meals are cooked for the nursery children in the Richmond County Primary School kitchen and transported across to the centre.



The 1967 programme for hygienic improvements included the replacement of several outworn sinks and washup units with stainless steel units. Improvements to bin areas at three of the Authority's kitchens have been carried out.

The schedule of interior and exterior decorating of the Authority's kitchens and sculleries has been completed.

The Authority has installed additional replacement items of heavy equipment (stainless steel wherever possible) such as food preparation machines, mixers, slicers, fish friers, roasting and steaming ovens, boiling pans and refrigerators.

Seventeen members of the School Meals Service were successful in gaining catering certificates.

Three supervisors attended a month's training course at Lancashire County Council's Training Centre, Chadderton.

The Authority has 34 self-contained canteens providing meals to school children. Meals are also cooked and served on the premises to three nursery schools and two nursery classes.

The average number of children having school meals per day at the end of the year was:—

On Payment	7,125
Free	1,212

This shows a reduction of 2,100 per day, this is due to the effect of sanctions imposed by the National Union of Teachers during the autumn term, 1967.

### *Milk in Schools*

The provision of free milk to all children in schools maintained by the Authority and to non-maintained schools has continued. The average number of individual children provided with milk was 16,124 and during the year 2,845,726 one third pints of milk were consumed.

## *PHYSICAL EDUCATION*

Mr. L. F. Reid continues to be solely responsible for the whole of the physical education of both boys and girls in all establishments under the Oldham Education Authority and I am indebted to him for the following report:—

### *1. Staff*

Mr. W. Andrew resigned in November after completing 22 years service with the authority as a full-time swimming instructor. This has left one full-time man, and one full-time and three part-time women instructors. A replacement for Mr. Andrew, man or woman, is at present being sought.



There are still four full-time and three part-time dance accompanists working in a peripatetic capacity.

Teachers of boys' physical education in all the schools have been adequate but it has not been possible to obtain enough teachers for the girls.

## 2. *Facilities and Equipment*

Improvements are still being made to P.E. facilities though there are still schools in need of further improvements. This applies in particular to the acreage and distribution of playing fields which lags behind the rate and quantity of school building and school pupils are therefore involved in a rather burdensome amount of journeying by public and private transport. Furthermore with the recent wet conditions and the structure of the playing fields, activities on many occasions have had to be cancelled.

Fixed and portable apparatus is constantly being replaced and added to where necessary and inspected and repaired regularly.

Plimsolls have been supplied to the schools as requested by the headteachers but unfortunately not without delay in delivery. In view of this every effort is being made this year to place orders at a much earlier date.

A high standard of cleanliness in the gymnasia, halls and ancillary rooms is being maintained due to the concern and diligence of the caretakers and cleaners.

Swimming continues to play a major part in the physical education programme and includes instruction in all the strokes, diving, though only to a very elementary level since there is a distinct shortage of diving boards, personal survival and life saving. An improvement in the standard of swimming has been shown in the number of junior school pupils qualifying for the advanced test. Schools have continued to take part in nationally recognised awards.

It has been possible with the willingness and encouragement of the headteacher and School Managers of St. Hilda's Primary School to install a classroom swimming pool in one section of the HORSAs and this has proved to be a source of pride and enjoyment coupled with a marked improvement not only in the standard of swimming but also in the confidence gained particularly by the younger age groups.

Extensive use is still made of the grounds of the Parks Department throughout the year and the Parks Director, his staff and the school groundsmen have faced the never-ending task of maintaining the playing fields at a satisfactory state.

Castleshaw Camp School now renamed "Castleshaw Residential Centre" has been used during the summer months by school parties. The activities have included canoeing, camp craft and horse-riding and for an experimental period the Castleshaw Lower Reservoir was made available for canoeing only, by the Waterworks Committee.

Unfortunately owing to the numerous difficulties involved, only one group was able to enjoy this extension to the facilities at the Centre. It is hoped that this discouraging response will not result in this experiment being in any way curtailed. The proximity of the reservoir to Castleshaw and the immense opportunities it affords for canoeing, sailing and indeed certain academic studies should be sufficient for much heavier use.

It is felt with the improvement of showering, drying and storage facilities together with the employment of qualified instructing staff based on this centre the all year round use of the Centre and the participation in such activities as the surrounding countryside affords, would be ensured.

Extensive use is being made of the Alexandra Park Lake during the summer months by parties of school pupils for the purpose of canoeing instruction and a limited amount of sailing.

Work is still regrettably incomplected on the playing fields at Kaskenmoor School and Blue Coat School. A start is expected to be made in the very near future on the Hollinwood Reservoir site. Unfortunately the purchase of Hope Congregational playing fields is further delayed. Makeshift alternative arrangements are possible but far from satisfactory, and the town as a whole remains well below its minimum statutory requirements for existing schools.

### 3. *Courses*

Three girls and three boys have attended junior Outward Bound Courses and one girl and one boy attended standard Outward Bound courses. In view of the greater number of senior pupils expected to stay on at school it is hoped that the number attending the standard courses may be increased.

There is a Canoeing Instruction Course for more advanced pupils in process at Hathershaw Baths one evening per week during the Autumn and Spring terms. Classes are also arranged during the winter months at Central Baths for school pupils to receive instruction in Life Saving and to be examined for the awards of the Royal Life Saving Society.

Teachers courses have been arranged covering Athletics and Basketball.

During the year the Oldham Schools Basketball Association and the Oldham Schools Tennis Association were formed by interested teachers and each has already formulated a most encouraging programme of activities. The Basketball Association has had inter-town fixtures with promising results and the Tennis Association held a most successful Schools Tennis Tournament during the summer term in Alexandra Park.

#### *4. Conclusion*

The width of the Physical Education programme in the schools would not be possible without the extensive use that is made throughout the year of the Parks Department grounds, the Public Swimming Baths and the transport provided by the Passenger Transport Department. Our grateful thanks are due to the Chief Officers and the staffs of each of these departments for their persistently kind co-operation.

The numerous Oldham Schools Associations continue to flourish and provide the opportunity for school pupils to enjoy their chosen activity up to the highest level and affords for social interchange between schools, towns and counties. This is of course as a result of the devoted efforts of interested teachers who so effectively give of their time and experience.

This report would be incomplete without special reference and due thanks for the extra time and energy that is without question given by all the teachers, instructors and accompanists in a sustained effort to ensure every school pupil's enjoyment of a meaningful physical education programme.



MEDICAL INSPECTION AND TREATMENT RETURNS

Year ended 31st December, 1967

PART 1—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

- NOTES:—1. Where selective medical examinations are being carried out the number of pupils who have been “inter-viewed” or “discussed” at case conferences and found not to warrant a medical examination, are shown in Column 5.
2. Pupils found at Periodic Inspection to require treatment for a defect are not excluded from Columns (6), (7) and (8) by reason of the fact that they were already under treatment for that defect.
3. Columns (6), (7) and (8) relate to individual pupils and not to defects.

TABLE A—Periodic Medical Inspections

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination (See Note 1 above)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1963 and later	437	437	—	—	—	29	27
1962	603	603	—	—	4	29	32
1961	401	401	—	—	1	20	20
1960	11	11	—	—	—	1	1
1959	4	4	—	—	—	—	—
1958	2	2	—	—	—	—	—
1957	1	1	—	—	1	1	1
1956	259	259	—	708	14	21	30
1955	103	103	—	339	4	9	11
1954	1	1	—	—	—	—	—
1953	601	601	—	—	13	3	16
1952 and earlier	746	746	—	—	16	1	17
Total	3169	3169	—	1047	53	114	155

*TABLE B—Other Inspections*

NOTES :—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.  
A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections .....	394
Number of Re-inspections .....	112
	<hr/>
Total .....	506

*TABLE C—Infestation with Vermin*

NOTES :—All cases of infestation, however slight, are included in this Table.  
The return relates to individual pupils and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses .....	36,473
(b) Total number of individual pupils found to be infested	1,036
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .....	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .....	—

TABLE D—Screening Tests of Vision and Hearing

1.	Is the vision of entrants tested?	No.
2.	If the vision of entrants is not tested, at what age is the first vision test carried out? .....	Children in their second year at an infants' school. Ages vary from 5+ to 6+.
3.	How frequently is vision testing repeated throughout a child's school life? .....	Annually.
4.	(a) Is colour vision testing undertaken? .....	Yes.
	(b) If so at what age? .....	10 years to 11 years of age. and 14 to 15 years of age.
	(c) Are both boys and girls tested? .....	Yes.
5.	By whom is vision testing carried out? .....	School Nurse.
6.	By whom is colour vision testing carried out? .....	School Nurse and School Medical Officer.
7.	Is audiometric testing of entrants carried out? .....	Yes.
8.	By whom is audiometric testing carried out? .....	Health Visitor/School Nurses.



*PART II —Defects found by Periodic and Special Medical Inspection  
during the year*

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special medical inspections, are included in these Tables, whether or not they were under treatment or observation at the time of the inspection. These Tables include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

*TABLE A—Periodic Inspections*

Code Defect No. (1)	Defect or Disease (2)		Entrants	Leavers	Others	Total
4	Skin .....	T O	2 26	— 16	— 8	2 50
5	Eyes—					
	(a) Vision ...	T O	4 6	29 266	19 41	52 313
	(b) Squint ...	T O	24 37	1 17	1 5	26 59
	(c) Other ....	T O	— 5	— 2	— —	— 7
6	Ears—					
	(a) Hearing	T O	8 16	1 3	8 13	17 32
	(b) Otitis ...	T O	5 7	— 4	3 3	8 14
	Media ...	T O	— 1	— 1	1 3	1 5
	(c) Other ....					
7	Nose and Throat	T O	14 31	— 6	6 12	20 49
8	Speech .....	T O	12 15	1 3	3 4	16 22
9	Lymphatic Glands ...	T O	2 5	— —	— —	2 5
10	Heart .....	T O	2 7	— —	1 6	3 13
11	Lungs .....	T O	— 12	— 8	— 1	— 21
12	Develop- mental—					
	(a) Hernia...	T O	1 9	— —	— —	1 9
	(b) Other ...	T O	— 7	— 1	1 3	1 11
13	Orthopædic—					
	(a) Posture .	T O	— 3	— 2	— —	— 5
	(b) Feet .....	T O	1 4	— 2	1 7	2 13
	(c) Other ....	T O	— 10	— 5	— 5	— 20
14	Nervous System—					
	(a) Epilepsy	T O	— 8	— 6	— 2	— 16
	(b) Other ....	T O	— 1	— 1	— 1	— 3
15	Psycho- logical—					
	(a) Develop- ment ...	T O	— 21	— —	2 15	2 36
	(b) Stability	T O	— 2	— 1	— 5	— 8
16	Abdomen .....	T O	1 —	— 2	— 3	1 5
17	Other .....	T O	2 17	1 6	4 32	7 55

TABLE B—*Special Inspections*

**NOTE:**—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections, are included in this Table, whether or not they were under treatment or observation at the time of inspection.

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin .....	—	3
5	Eyes:		
	(a) Vision .....	248	95
	(b) Squint .....	1	2
	(c) Other .....	—	—
6	Ears:		
	(a) Hearing .....	4	—
	(b) Otitis Media ..	1	1
	(c) Other .....	1	1
7	Nose and Throat ....	—	12
8	Speech .....	7	15
9	Lymphatic Glands ...	—	—
10	Heart .....	—	7
11	Lungs .....	—	18
12	Developmental:		
	(a) Hernia .....	—	4
	(b) Other .....	—	2
13	Orthopædic:		
	(a) Posture .....	—	4
	(b) Feet .....	—	2
	(c) Other .....	1	9
14	Nervous System:		
	(a) Epilepsy .....	1	2
	(b) Other .....	—	1
15	Psychological:		
	(a) Development ..	6	27
	(b) Stability .....	2	3
16	Abdomen .....	—	1
17	Other .....	1	23

*PART III—Treatment of Pupils Attending Maintained  
Primary and Secondary Schools (including Nursery and  
Special Schools)*

NOTES:—The following tables show the total numbers of:—

- (i) Cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

*TABLE A—Eye Diseases, Defective Vision and Squint*

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint .....	11
Errors of refraction (including squint) .....	2,671
	-----
Total .....	2,682
	-----
Number of pupils for whom spectacles were prescribed .....	1,778

*TABLE B—Diseases and Defects of Ear, Nose and Throat*

	Number of cases known to have been dealt with
Received operative treatment:	
(a) for diseases of the ear .....	164
(b) for adenoids and chronic tonsillitis ...	499
(c) for other nose and throat conditions	81
Received other forms of treatment .....	22
	-----
Total .....	766
	-----
Total number of pupils in schools who are known to have been provided with hearing aids:	
* (a) In 1967 .....	5
(b) In previous years .....	49

\* A pupil recorded at (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.



*TABLE C—Orthopaedic and Postural Defects*

	Number of cases known to have been treated
Pupils treated at clinics or out- patients' departments .....	507

*TABLE D—Diseases of the Skin**(excluding uncleanliness, for which see Table C of Part 1)*

	Number of cases known to have been treated
Ringworm:	
(a) Scalp .....	—
(b) Body .....	—
Scabies .....	103
Impetigo .....	45
Other skin diseases .....	45
	----
Total .....	193

*TABLE E—Child Guidance Treatment*

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics .....	150

*TABLE F—Speech Therapy*

	Number of cases known to have been treated
Pupils treated by speech therapists .....	165

*TABLE G—Other Treatment Given*

	Number of cases known to have been treated
(a) Pupils with minor ailments .....	254
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	—
(c) Pupils who received B.C.G. vaccination	790
(d) Chiropody .....	254
(e) Orthoptic .....	70
	----
Total .....	1,368

## SCHOOL DENTAL SERVICE

## 1. Attendances and Treatment

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
First Visit .....	2,539	1,915	461	4,915
Subsequent Visits .....	1,457	4,300	1,353	7,110
Total Visits .....	3,996	6,215	1,814	12,025
Additional courses of treatment commenced .....	71	71	25	167
Fillings in permanent teeth .....	900	3,877	1,377	6,154
Fillings in deciduous teeth .....	428	75	—	503
Permanent teeth filled .....	724	3,291	1,275	5,290
Deciduous teeth filled .....	397	89	—	486
Permanent teeth extracted .....	492	1,424	375	2,291
Deciduous teeth extracted .....	5,012	1,288	—	6,300
General Anaesthetics .....	1,766	524	63	2,353
Emergencies .....	381	522	132	1,035
Number of pupils X-rayed .....	365			
Prophylaxis .....	558			
Teeth otherwise conserved .....	7			
Number of teeth root filled .....	43			
Inlays .....	1			
Crowns .....	25			
Courses of treatment completed	3,705			

## 2. Orthodontics

Cases remaining from previous year .....	293
New cases commenced during year .....	55
Cases completed during year ...	17
Cases discontinued during year	4
No of removable appliances fitted .....	77
No. of fixed appliances fitted ...	3
Pupils referred to hospital consultant .....	4

## 3. Prosthetics

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
Pupils supplied with F.U. or F.L. (first time) .....	—	—	3	4
Pupils supplied with other dentures (first time) .....	5	47	30	82
Number of dentures supplied ...	6	50	33	89

## 4. Anaesthetics

General anaesthetics administered by Dental Officers—NIL

## 5. Inspections

(a) First inspection at school. Number of pupils .....	3,846
(b) First inspection at clinic. Number of pupils .....	3,783
Number of a + b found to require treatment .....	5,933
Number of a + b offered treatment .....	5,602
(c) Pupils re-inspected at school or clinic .....	1,350
Number of (c) found to require treatment .....	972

## 6. Sessions

Devoted to treatment .....	1,412
Devoted to inspection .....	188
Devoted to dental health education .....	—







	Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Df. (10)	Total (11)
B. As at 18th January, 1968 How many pupils from the Authority's area were on the registers of:—											
(1) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained.	boys girls boys girls	- 2 - -	1 - - -	14 8 - -	11 7 1 3	38 35 9 8	- - - -	65 43 2 -	- - 3 1	1 - - -	130 95 15 12
(2) Non-maintained special sch- ools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated.	boys girls boys girls	- - - 3	- - 1 2	- - - 1	- - 4 4	- - - -	- - 1 -	- - 1 -	- - 1 -	- - - -	- - 8 10
(3) Independent schools under arrangements made by the authority.	boys girls boys girls boys girls	- - - - 2 1	- - - - - -	- - - - - -	- - - - - -	- - - - - -	- - 2 2 3 -	- - - - - -	- - - - - -	- - - - - -	- - 2 2 5 1
(4) Special classes and units not forming part of a special school.											
C. Number of handi- capped pupils being educated under (i) in hospitals (ii) in other groups arrangements made by the authority in accordance with Section 56 of the Education Act, 1944.	boys girls boys girls boys girls	- - - - - 1	- - - - - -	- - - - - -	- - - - - -	- - - - - -	- - - - - -	- - - - - -	- - - - - -	- - - - - -	- - - - - -
D. Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools; special classes and units; under section 56 of the Education Act, 1944.	boys girls	2 3	2 2	14 9	16 14	47 43	6 2	73 45	4 1	1 -	165 124













